

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

**RUNG DAY**

ANSWER

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DBR	IND.	DBR	IND.	DBR
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50						
TOTAL IND.			3		2	
TOTAL DBR			11		14	
TOTAL CLAIMS			14		14	

	IND.	GER.	IND.	GER.	IND.	GER.
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TOTAL IND.						
TOTAL GER.						
TOTAL CLOTHES						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS